

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/980891

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		3					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13	1						63						
14		1					64						
15		1					65						
16		1					66						
17		3					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
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27	1						77						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
AL	5	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
AL	26	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
AL	31						TOTAL CLAIMS						